

BEST AVAILABLE COPY

Vonda M. Wallace
Paralegal Specialist

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | | FILING DATE | |
|--|------|------------------------|------|------------------------|------|------|--------------|------|-------------|--|
| | | | | | | | APPLICANT(S) | | 09/830104 | |
| CLAIMS | | | | | | | | | | |
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